

1	Unified Rate Review v2.0.4																																																			
2																																																				
3	Company Legal Name:				Bluegrass Family Health, Inc.				State:		KY																																									
4	HIOS Issuer ID:				40586				Market:		Individual																																									
5	Effective Date of Rate Change(s):				1/1/2016																																															
6																																																				
7																																																				
8	Market Level Calculations (Same for all Plans)																																																			
9																																																				
10																																																				
11	Section I: Experience period data																																																			
12	Experience Period:				1/1/2014		to		12/31/2014																																											
13					Experience Period																																															
14					Aggregate Amount				PMPM		% of Prem																																									
15	Premiums (net of MLR Rebate) in Experience Period:				\$1				\$1.00		100.00%																																									
16	Incurred Claims in Experience Period				\$1				1.00		100.00%																																									
17	Allowed Claims:				\$1				1.00		100.00%																																									
18	Index Rate of Experience Period								\$1.00																																											
19	Experience Period Member Months				1																																															
20	Section II: Allowed Claims, PMPM basis																																																			
21					Experience Period				Projection Period: 1/1/2016 to 12/31/2016				Mid-point to Mid-point, Experience to Projection: 24 months																																							
22					on Actual Experience Allowed				Adj't. from Experience to Projection Period				Annualized Trend Factors				Projections, before credibility Adjustment				Credibility Manual																															
23	Benefit Category				Utilization Description				Utilization per 1,000				Average Cost/Service				PMPM				Pop'l risk Morbidity																															
24	Inpatient Hospital				Days				2,000.00				\$1.00				\$0.17				1.000																															
25	Outpatient Hospital				Visits				2,000.00				1.00				0.17				1.000																															
26	Professional				Services				2,000.00				1.00				0.17				1.000																															
27	Other Medical				Services				2,000.00				1.00				0.17				1.000																															
28	Capitation				Other				2,000.00				1.00				0.17				1.000																															
29	Prescription Drug				Prescriptions				2,000.00				1.00				0.17				1.000																															
30	Total												\$1.00																																							
31																																																				
32	Section III: Projected Experience:				Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)												0.00%				100.00%																															
33					Paid to Allowed Average Factor in Projection Period																0.700																															
34					Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																\$258.07																															
35					Projected Risk Adjustments PMPM																-0.15																															
36					Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																\$258.22																															
37					Projected ACA reinsurance recoveries, net of rein prem, PMPM																16.51																															
38					Projected Incurred Claims																\$241.71																															
39																																																				
40					Administrative Expense Load																14.80%																															
41					Profit & Risk Load																2.00%																															
42					Taxes & Fees																2.06%																															
43					Single Risk Pool Gross Premium Avg. Rate, PMPM																\$297.90																															
44					Index Rate for Projection Period																\$368.80																															
45					% increase over Experience Period																29690.37%																															
46					% Increase, annualized:																1625.99%																															
47					Projected Member Months																																															
48																					11,736																															
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																																																			
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Product-Plan Data Collection

Company Legal Name:

HIOS Issuer ID:

Effective Date of Rate Change(s):

Bluegrass Family Health, Inc.

40586

1/1/2016

State:

Market:

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		BFH 2016 HMO BHCC 40586KY582							BFH 2016 PPO HSA Qualified BHCC 40586KY583		
Product ID:											
Metal:		Gold	Silver	Silver	Silver	Bronze	Bronze	Catastrophic	Silver	Bronze	Bronze
AV Metal Value		0.801	0.704	0.687	0.692	0.614	0.590	0.605	0.687	0.615	0.601
AV Pricing Value		0.827	0.713	0.740	0.680	0.654	0.619	0.621	0.681	0.571	0.582
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		HMO 1500 \$10 Embedded Baptist Health Community	HMO 4000 \$20 Embedded Baptist Health Community	HMO 3000 10% Embedded Baptist Health Community	HMO 4500 \$20 Embedded Baptist Health Community	HMO 6000 \$40 Embedded Baptist Health Community	HMO 6850 0% Embedded Baptist Health Community	Catastrophic HMO 6850 \$40 Embedded Baptist	HSA 3000 20% Embedded Baptist Health Community	HSA 5000 20% Embedded Baptist Health Community	HSA 6500 0% Embedded Baptist Health Community
Plan ID (Standard Component ID):		40586KY5820001	40586KY5820002	40586KY5820003	40586KY5820004	40586KY5820005	40586KY5820006	40586KY5820007	40586KY5830001	40586KY5830002	40586KY5830003
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2		0.00%							0.00%		
Historical Rate Increase - Calendar Year - 1		0.00%							0.00%		
Historical Rate Increase - Calendar Year 0		0.00%							0.00%		
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		0.00%							0.00%		

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

[illegible]

ation IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	40586KY5820001	40586KY5820002	40586KY5820003	40586KY5820004	40586KY5820005	40586KY5820006	40586KY5820007	40586KY5830001	40586KY5830002	40586KY5830003
Plan Adjusted Index Rate	\$254.63	\$293.82	\$253.26	\$263.08	\$241.81	\$232.49	\$219.86	\$220.71	\$241.93	\$202.87	\$206.96
Member Months	11,736	2,844	1,704	1,704	1,704	468	468	204	1,704	468	468
Total Premium (TP)	\$2,988,307	\$835,627	\$431,564	\$448,295	\$412,049	\$108,805	\$102,893	\$45,026	\$412,247	\$94,941	\$96,859
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$4,328,185	\$1,085,390	\$614,859	\$641,311	\$605,539	\$166,981	\$169,280	\$74,054	\$636,020	\$165,471	\$169,280
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$1,491,513	\$276,041	\$205,530	\$213,678	\$217,557	\$65,195	\$73,962	\$32,314	\$247,822	\$78,852	\$80,562
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$310,218		\$76,365	\$79,651	\$75,208				\$78,994		
Portion of above payable by HHS on behalf of insured person, as %	20.80%	0.00%	37.16%	37.28%	34.57%	0.00%	0.00%	0.00%	31.88%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$2,836,671	\$809,349	\$409,329	\$427,632	\$387,982	\$101,786	\$95,318	\$41,740	\$388,198	\$86,619	\$88,717
Net Amt of Rein	\$193,745	\$46,951	\$28,131	\$28,131	\$28,131	\$7,726	\$7,726	\$3,368	\$28,131	\$7,726	\$7,726
Net Amt of Risk Adj	-\$1,760	-\$427	-\$256	-\$256	-\$256	-\$70	-\$70	-\$31	-\$256	-\$70	-\$70

KY
Individual



